



REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Part I: To Be Completed By Health Plan Participant

1. Please complete the following:

Name: _____

Address: _____

Phone number: _____ Date: _____

Cell Phone No: _____

Email: _____

Relation to patient: _____

Social Security number: _____ Date of birth: _____

2. This request concerns:

___ My health information.

___ The health information of my minor child who is covered by the Health Plan.

Child's name: _____ Child's SSN: _____ Child's date of birth: _____

___ The health information of an individual who is covered by the Health Plan and for whom I am the legal guardian.

___ Copies of documents establishing my legal authority are attached.

___ Copies of documents establishing my legal authority are already on file with the Health Plan

Individual's name: _____ Individual's SSN: _____ Individual's date of birth: _____

3. Time frame for accounting of disclosures. NOTE: You can request an accounting of disclosures for dates up to 6 years prior to the date of your request, or disclosures made on or after September 23, 2013, whichever date is more recent.

From: _____ To: _____

4. Fees: There is no charge for the first accounting request in a 12-month period. For subsequent requests in the same 12-month period, the University Eye Center (“UEC”) may charge for its costs in providing the accounting.

This is my (please initial):

_____ First request within 12 months (please initial).

_____ Second (or more) request within 12 months. I understand that I may be charged a fee, and if so, someone from the employee benefits department will contact me with an estimate of the costs, and at that time I may decide to withdraw or modify this request.

5. Signature. By signing this document, I hereby warrant that I have truthfully represented my identity and that I am authorized to receive the information that I have requested. I understand that if I have misrepresented my identity or my authority, that the UEC may seek whatever criminal and civil relief is available.

Signature of individual

Date

6. Submit this form to the Privacy Officer (MCO-101F).

Part II: To Be Completed By the Privacy Officer.

Received by: _____

Date received: _____

Time received: _____

Extension requested: Yes No

Reason for extension: _____

Date extension notice sent (attached): _____

Date accounting sent (attached): _____

Request processed by: _____

Federal law requires the retention of this document and all documents concerning this matter for a period of six years, beginning on the date of the final disposition of this request.